should state

A PERMANENT RECORD. Every item of infor-PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

mation should be carefully supplied.

-WRITE PLAINLY,

B

certificate.

Jo

See instructions on back

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11436
County Monday	Registration Dist. No. 2 16
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Ralph Webster B	ds. How long In U.S. if of foreign blrth?yrsmosds.
(a) Residence: No. 29 Herketh (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of Dana Chraheth Claibone	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs.	I last saw harmalive on 9-28-34, 19; death is said to have occurred on the date stated above, at 10-19 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8- Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	Date of onest  Oxford (940)
12. BIRTHPLACE (city or town) Marken De . (State or country)	Other Contributory Causes of Importance:
13. NAME Com & Berlin  14. BUTTHPLACE (city or town) Comments  14. BUTTHPLACE (city or town)	Mora and Output
Astata of country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Manie Jonise Wyllster  16. BIRTHPLACE (city or town). Washington. Dec.  (State or country)	23. If death was due to external causes (VIQL ENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?
17. INFORMANT Whe Dane Benton .	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.

18. BURIAL, CREMATION, OR REMOVAL

Place: 19. UNDERTAKER

20. FILED Registrar.

Nature of injury 24. Was disease or Injury in any way related to occupation of deceased?

If so, specify (Signad) (Address)

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrifis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARVIAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF BEATH 11437
County Mouteamery	Posistation Dia 10 0
	Registration Dist. No. 228
(If	No. Washing tou Sanitarium HospitalSt., Ward death occurred in a hospital of Institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. William Bladen	
(a) Residence: No. 6 5 5 1:00 Mill Road (Osual place of abode)	St., N. W. Ward. Washing four D. C.  If nonresiden Prive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Divorced	Movember 5, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (9r) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Goldey Bladen	Navember 3, 1934, to November 5, 1934
6. DATE OF BIRTH (month, day, end year) Huonst 29 1863	Hast saw him alive on Nevernber 5, 1934; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et3.i.2.6.2m.
5/ 2 6 ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of ouset
SAWYER, BOOKKEEPER, etc	1934
work wes done, as SILK MILL, SAW MILL, BANK, etc	Shipto cocaic Pan Simusto Och 24
10. Dete deceesed last worked at this occupetion (month end spent in this	acute Myshriti
year) 1929 occupation 3	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Washing toy- D.C.	Only Sealing Causes of Hipportance,
(State or country)	
13. NAME Mr. Andrew Bladen	
(State or country)	Name of operation Posts of Date of What test confirmed diagnosis? Clinical Sy Was there an eulopsy? Wo
15. MAIDEN NAME Francis Nortou	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Takama Paxk	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT Washington Sanitarium Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Takena Tark Maryland  8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wash. Date Nort B , 1934	Nature of injury
19. UNDERTAKER N. N. Chambers, Cos.,	24. Was disease or injury in any wey related to occupation of deceesed?
(Addiess) 1400 Clapin St. N. W.	If so, specify
20. FILED 1/5/34,19 A. & Rogers	(Signed) ON arrived M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evamala I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

11	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
3				
£				
	Other contributory causes of importancé!			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

		4
		•

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11438
1. PLACE OF DEATH	
Village or City Silve Spring	No. 812 Easly St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give to NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Golin Ernest	Bouman
(a) Residence: No. 12 (Usual place of Abode)	St., Ward:  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of martha V. Bowman	22. I HEREBY CERTIFY, That I attended deceased from  19.3 4 to Market 319.3 4
6. DATE OF BIRTH (month, day, end year) Selt, 4, 1871	I last saw ham alive on Moresulely 19-3 - Edeath is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated ebove, at 3.3333,m.
63 2 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteriosclerosis 0ate of onest
kind of work done, as SPINNER,  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	to Okalina / temorshage July 3,19
Spell ( III ( III )	60.
100 1	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) Street (State or country)	
II 13. NAME William Of Brown	
13. NAME William D. Bownan  14. BIRTHPLACE (city or town)	Name of operation. Plane Date of
(Stete or country) Menyland	Whet test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME + runces / Short	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Trances Short	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) many lens	Where did injury occur?
17. INFORMANT M. 2. Q. C. Johnson	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 19.34	Manner of Injury
19. UNDERTAKER Martin Un Lipsong Co	24. Was disease or Injury In any way related to occupetion of deceased?
(Address), Soon of the	If so, specify
20. FILED COURS 1934 T-6. Bushing Registers.	(Signed) A. M. O. (Address) 9.28 11'05 (Address) 9.18 11'05 (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11439
1. PLACE OF DEATH	108)
County Mostgomery	Registration Dist. No. 6
Village or City Chang Chang	No. 205 M. Thornapple St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
61. 1.2 1 12	lus
2. FULL NAME Chyabeth Mae Oron	to the state of th
(a) Residence: No. 205 M. Thornapple (Usuai place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH YOU 27 (Par) (Par)
5a. If married, widewed, or divorced	
too WIFE of Jad. Bret Bronson	22. I HEREBY CERTIFY, That I attended deceased from
1-0-1874	1 -11 2 7 31/
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
homes bays in the state of the	
101	were as follows . Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, af Korne SAWYER, BDDKKEFPER, etc.	Lotar preumones Nov 2
9. Industry or business in which	
kind of work done, as SPINNER, as Korne SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Jenesel Co 2 0	Diller Countries of importance.
(Slate or country)	
13. NAME John G. Fuller	
14. BIRTHPLACE (city of town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Minerva am green	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT John & Logan (Address)	(Specify city or town, county and State) Specify whelher injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place add till Date //- 27 ,195	Nature of injury
19. UNDERTAKER Jas gawlers form	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 7/5/6 R Cue n 20	if so, specify
11/27 31 D Mosh & (1)	(Signed) / Chm / You M.
20. FILED 19 7 43 Control Registrar.	(Address) 6001 New Lando New drash

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		D 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis '	1 year		

1	r RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
	IS A PERMANENT	stated EXACTL	properly classified.	certificate.
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

	ACE OF D				93-3	Registration	Dist. No.	18
	illage or City		th rsbur	· C	No.		St.	Ward
				(11	death occurred in a hospital or instil		E instead of street and	number)
Le	ength of residence	In city or town where	e deeth occurred	4 yrs,mos	ds. How long in U.S. If	of foreign birth?		nosds.
2. FU	JLL NAME	reartha	Jane	Chinn				
(a	) Residence N	been one	Tai (Usnalplace	of shells.	St., Ward.	If nonresiden	t give city or town an	d State
P	ERSONAL	AND STATIS	-		MEDICAL		E OF DEATH	
. SEX		OLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH			
			OR DIVORCE	D (write the word)		(Month)	(Day)	., 1930, 4
a. If mar	rried, widowed, or BAND of	divorced	Sin	1=		(month)	(Day)	(Year)
(or)	WIFE of	1	inale		22. NOV 11)	Y CERTIF	Y. Thet i attended	d deceased from
DATE	OF BIRTH (month	day and year)	Av I	4th 1846	I last saw h. L. alive on.	no	10 1935	; death is said
. AGE	Years	Months	Days	If LESS than	to have occurred on the date sta	ted above, at 5		
I84	6 8	8 5	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related cau	ses of Importance	10.00
8. T	rede, profession,	or particular one, as SPINNER,			Hopose	alu P	neumone	Date of onset
0	SAWYER, BUUI	KEEPER, etc	Practi	cal Aur	o Pase	of both	leuro)	/-
9 / 10.	ndustry or busine work was done	ss in which , as SILK MILL,	10 10 11					
10.0	SAW MILL, BA	NK, etc		time (yeers)				
00	this occupation year)	(month and	Sp6	entinithis				
		wn Marsh	-77		Dther Contributory Causes of im	portance:	d. F.	Quel
	HPLACE (city or to State or country)	نگ غاند و دامایی اناه در ( NMI)	T/ es		Chronic of	My ore	-til	Ross
13. N	AME Hugi	chin	n		Juralion.	- Angles - Ada	area - Gue	
13. N	IRTHPLACE (city	or town)	Va		Name of operation		Date of	
	(State or count				What test confirmed diagnosis?_			
15. N	MAIDEN NAME	Lmily .	Lawler		23. If death was due to external c	auses (VIOL ENCE) I	fill in also the following	ng:
16. B	STRTHPLACE (city	or town)	Va		Accident, suicide, or homicide?_		Date of Injury	, 19
Ε	(State or coun	ry)	T7	110 7	Where did injury occur?	(Sanaifar aitur -	or town, county and St	
	RMANT LLOpgi Address)	36-4,4-200	d. unitn	Tilson,	Specify whether injury occurred	in INDUSTRY, in H	DME, or in PUBLIC P	LACE.
	AL, CREMATION,	D 1. D 2		TALL	Manner of injury			
P	lace ars	nall, Va	pDateQ	V 14, 19135	Nature of injury			
	RTAKER	rnost	Cdar	buer	24. Wes diseese or injury in any	way related to occu	pation of deceased?	
(,	130.033/	110 34	hanahiin	m 120	(Signed)	2 - 1/	1 1. 1. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilcpsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
II DEC 5 11.4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important.

The transfer of the transfer o	(92:01)
County Mong	Registration Dist. No. 2/2
Village or City Probabillo Contard	L) No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foraign birth?yrsmos,ds.
2. FULL NAME glana Clarke	
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Nov 26 1, 193 21 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of James clark	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 1861 unk	l lest saw ble alive on Nov 24 , 19-34; daath is said
7/AGE Yaars Months Deys If LESS then	to have occurred on the date stated abova, at 3 4m.
ank or lay,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada profession or particular	mitral desertie were Date of proct
kind of work done, as SPINNER, A was keeping	Fe at my for A a 11/20/
9. Industry or business In which work was dona, as SILK MILL for the sum of t	14 -43
SAW MILL, BANK, etc.	
10. Data dacaased lest worked at this occupation (month and year) spent in this occupation occupation	
Personal	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	A
-1 -11	arterial seleroses Tenhan
13. NAME HERDY DOLLY	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Millie Hamilton	23. If death wes due to axternel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whare did injury occur?, 19
7 - 1 - 1	(Specify city or town, county and State)
17, INFORMANT (Address) Free Address Brid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOYAL	Mannar of injury
Place Jeruslam Dete 1/38 , 1934	Nature of injury
Classens Hilans	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Addrass)	If so, specify
11/28 11 61-11	Court & W. W. L. X.
20. FILED 1/ - D , 1934 WWW	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	rample I	[1	Example II		
The principal cause of dea of importance were as follows	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEIV	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 5 165	July 5, 1927	Peritonitis	3 days ago	
	De control V	·			
Other contributory causes	of importance:	Tablifolium Agencies	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
and the second second second					

BINDING

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Belley-A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

T T L	operl
1	e st e pr
IAI	ay b
H H	t m
4	hat ons
2	A
WRITE FLAINLI, WE'N CONFADING INNINIS IS A FERMANNENI RE	-Every item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications.
1175	ully piain
טוויס	H in porta
LAL	be be
5	ould F D
	SEC
^	CAU
MLI	orm ate UPA
LAI	inf
L. 13	oulc
KIII	item s sh
>	N. BEvery item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications.
	ż

TAGE    State   State		PLACE OF DEATH County Moulgomery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/6
3 SEX 4 COLOR OR RACE SINGLE WINDOWED.  Walle Color Of RACE OF BIRTH  6 DATE OF BIRTH  6 DATE OF BIRTH  7 AGE  (Month) (Day)  (Month) (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from the properties of industry business, or establishment in which employed or (employer)  8 OCCUPATION (b) General nature of industry business, or establishment in which employed or (employer)  10 NAME OF FATHER  (Signed) (Dursion)  11 INFIRTHPLACE OF FATHER  (Signed) (Dursion)  12 MAIDEN NAME OF FATHER  (Signed) (Dursion)  13 BIRTHPLACE OF MOTHER COUNTY)  (Signed) (Dursion)  14 THE ABOVE IS TRUETTO THE BEST OF MY KNOWLEDGE  (Informant) (Address) (Add	ficate.	SP-0-+ D	a hospital or institu- tion, give its NAME in- stead of street and
Married Wilson William (Wanth) (Day) (Vear)  To Age Milliam (Month) (Day) (Vear)  If LESS than I lats saw how gilve on and that death occurred on the date stated above, at I married and the deceased from the CAUSE OF DEATH * was as follows:  B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  D BIRTHPLACE (State or country) (Counting) And the Cause of Country) (Dursion)	Serti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE    Comparison   Comparison	ack of	Malo ( P. P. OR DIVORCED	100, 9- , 193 X
TAGE    Tage   T	ons on b	Nov. 9th, 1934	I HEREBY CERTIFY, That I attended the deceased from
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME 13 BIRTHPLACE 13 BIRTHPLACE 14 THE ABOVE IS TRUETO THE BEST/OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUETO THE BEST/OF MY KNOWLEDGE (Informant) 15 Filed 18 LEVATHOR REMOVAL  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcients or Recent Residents) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcients or Recent Residents) 19 PLACE OF BURIAL OR REMOVAL  ADDRESS  A	not	7 AGE Stillbirth Italy	
which employed or (employer)  BIRTHPLACE (State or country)  BIRTHPLACE (State or country)  Secondary  Contributory  Con	nt. See ir	(a) Trade, profession or particular kind of work.  (b) General nature of industry	Child was stillbory.
FATHER  II BIRTHPLACE OF FATHER (State or country)  I 2 MAIDEN NAME OF MOTHER  I 3 BIRTHPLACE OF MOTHER (State or country)  I 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  I 5 Filed  I 3 H C. Permannia  Registrar  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Addres	importa	which employed or (employer)	Contributory Multuococi Secondary
(State or country)    Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.    Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.    Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.    In the Spiritual Control of Property of State or country (State or country)	is very	FATHER Track 6. Darcey	MENT 10 193 Y (Address Bettierda, Tref
OF MOTHER OF ACCUPATION OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  (Informant) J. Aut. C. Dates  (Address) Bettles da Maria Registrar  (Address) Bettles da Maria Registrar  (Address) Registrar  OF MOTHER OF Hospitals, Institutions, Transients or Recent Residence of the Hospitals, Institutions, Transients or Recent Residence of the Hospitals, Institutions, Transients or Recent Residence of the Hospitals of the		Z (State or country) Mary Caud	Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(Informant) Frank Parker Dates  (Informant) Frank Parker Dates  (Address) Bettles da Maria Place of death?  (Address) Bettles da Maria Place of Burial Or Removal  (Address) Bettles da Maria Place of Burial Or Removal  (Address) Bettles da Maria Parker Date of Burial Or Removal  (Address) Bettles da Maria Parker Date of death?  (Address) Bettles da Maria Parker Date of death.  (Address) Bettles	CCUP	of MOTHER Vigura (- June 13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
(Address) Bethes da Miss Refullation Por 10, 1934  15 Filed 119 134 C. Perry Man Registrar Haver Columpton Robills	of	Fan le O. Dans	if not at place of death?
Filed 19 4 2C. Perry Man Haver Columption Rockille	statem	(Address) Bethesda, Just	Berkillellinen nov. 10. 1934
		Filed 1994 College Registrar	Harris Colymphon Rockille

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocworked on may form part of the second statement. cupation is very important, so that the relative health-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. (Recommendations on State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Er shopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic statement of cause of death Example: Measles (disease etc. The contributory affection need valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND—	CERTIFICATE OF DEATH 11444
1. PLACE OF DEATH	93-6
County marly.	Registration Dist. No. 2/3
Village or City Tockville	
(If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Tinky O. Mans.	
(a) Residence: No. Pur brills	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M OR DIVORCED (write the word)	/mmhr 22 ,193 4
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended decaasad from
	Mr 17 1934 1 / 18 18 1974
6. DATE OF BIRTH (month, day, and year) May 19-1864	I last saw h alive on 1997; death is said
7. AGE Years To Months Days If LESS than	to have occurred on the data stated abova, at
90 7804 50 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER	Date of onset
SAWYER, BOOKKEEPER, atc. Calov	Minic Mynardaly
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK etc.	
O O O O O O O O O O O O O O O O O O O	
U. 10. Data daceased last worked at this occupation (month and spent in this occupation coupation	
, your ,	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Jane J. Sans,	
14. BIRTHPLAGE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Socier Shipley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Albert & Nams,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 2166 Park are Il mel.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jacob. Med. Date Med. 24, 1984	Nature of Injury
19. UNDERTAKER La Frank Hory +le	24. Was disease or injury in my way related to occupation of decassed?
(Address) / Wook H	If so, specify
Marie 1/-22 34 2 217 P	(Signed) MD
20. FILED_ // -22, 19.34 Mus. W. J. Vall Registrar.	(Address) Property me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes vs: ECEIV	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LUEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 5 15	July 5,1927	Peritonitis	3 days ago
	TECHNICAL TO	,	Vell	
1		£		
Other contributory causes of	f importance:	· · · · · · · · · · · · · · · · · · ·	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

			E OF	MARY	LAND-	CERTIFIC	AIE OF	DEA	IH	11440
1	County	22	ani	orus -	. 0	(	186-a)	egistration I	Diet No. 2	//
18	Village or C	20.	Brown	ningo	ville	No.			St.,	Ward
	Langth of res	Idence in city or tow	vn where daat!	occurred 77		death occurred in a horp	ital or institution, gi g in U.S. if of forei			
2	. FULL NA	ME Alto	na /	3.6.2	AL					
	(a) Residen	ice: No. Zr. 12	round	syanile ,	mi	St.,Wa		( : J	give city or town	10.
	PERSON	IAL AND ST	ATISTICA	-		MED	ICAL CERT			
	SEX A.	4. COLOR OR R.	ACE 5.	SINGLE, MARRIE OR DIVORCED (		21. DATE OF D	12	NU.	19 (Day)	193(Yaar)
Sa.	If married, widow HUSBAND of (or) WIFE of	ved, or divorced		0		22. July	REBY CI	ERTIE	Y. That I attend	dad decaasad from
6. E	DATE OF BIRTH	(month, day, and yas	ar) Oot	. 22/8	57	Nest saw her	aliva on 22	00.	19 19.	4; daath is sald
7. A	AGE Yes	irs M	onths	Days	If LESS than 1 day,hrs.	to have occurred on the PRINCIPAL CAU		- //	m.	
z	8. Trada, profa	ssion, or particular work done, as SPIN	NED 9/	7 1	ormin.	wara as follows:	cho F	neum	conca	Date of onset Z day ay
	SAWYER	, BOOKKEEPER, etc. business in which	mer. 00	onsem	-un					
OCCUPATION	work wa	s dona, as SILK MII LL, BANK, etc	LL,							
5	10. Date dacaas this occu year)	ed last worked at pation (month and	July 193	11. Total tima spent ii						
12.	BIRTHPLACE (ci	ty or town) hr	Brow	ningova	lle	Other Contributors Co	nuses of importance	chile	_	Buleas
	(Stata or cou		m	1.		Broken	thigh	bom		4 mos Leg
LAIMER	13. NAME /L	ugus !	134	ay	.//		()			<u></u>
Y.	14. BIRTHPLACE (Stata or	(city or town)	2./U/N	d.	wille	Name of operation			Data o	20-
HEK	15. MAIDEN NA	MEann /	P. 131	andent	ass.	What tast confirmed d				
MOTH		(city or town) 200	Bson	oninger	ille	Accidant, suicide, or h	nomicida? Gee	dond	Data of injury	19.34
	INFORMANT	M. Har	rief &	. Bar	us	Whare did injury occu Specify whethar injury	(S <sub>I</sub>	pecify city or JSTRY, In HO	town, county and ME, or in PUBLIC	State) PLACE,
	(Addrass)		01		the rest		7-99	-J		
18.	Place Seth	ON, OR REMOVAL		oto War.	2/ 1934	Mannar of injury	Broker	te	mur,	right.
19.	UNDERTAKER (Address)	13	Be	all Is	ne.	24. Was disaase or inju	ury in any way rela	etad to occupa	tion of dacaasad?	no
20	FILED CLOV	2/ 1034	1918	lady (	Runditt	If so, specify(Signed)_	use 9	n. le	Soger	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

plnous

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	1
EATH			

1. PLACE OF DEATH		( <u>3</u> )	
County //www.go	mery	Registration Dist. No. 2	//
Village or City Mr. Do	muscus	No. St.	Ward
Langth of residence in city or town where	Baeth occurred 20 yrs, 8 mos	f death occurred in a hospital or institution, give its NAME instead of street a sds. How long In U.S. If of foreign birth?yrs	and number)mosds.
(a) Residence: No. 211. Dav	nascus mal (Usual place of abode)	St., Ward.  If nonresident give city or town	-16
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 13	193 4
5e. If married, widowed, or divorced	) oranger	(Month) (Day)	(Year)
HUSBAND of John Graft	ton Diwall	22. I HEREBY CERTLEY, That I attan-	ded deceased from
6. DATE OF BIRTH (month, dey, and year)	narch 7, 1844	I lest saw her alive on Art 12 190	death is said
7. AGE Years Months	Days If LESS then 1 day,hrs.	to heve occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
P Trade profession or particular	Hornes II	Chromic nteritles Rephrits	Date of onset
SAWYER, BOOKKEEPER, etc.	www.	-	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			
10. Date deceased last worked at this occupation (month and year)	11. Totel time (years) spent in this occupetion		
12. BIRTHPLACE (city or town) Ms (Stata or country)	maseue,	Other Contributory Causes of importance:	Zenkuro
1 1 1 1 1 1	enn		
14. BIRTHPLACE (city or town) 12.	amaseus	Name of operation Data o	of
(State or country)	md.	What tast confirmed diagnosis? Wes there	an autopsy? 200
15. MAIDEN NAME & Labeth  16. BIRTHPLACE (city or Hown) Mr. Co.	D. Vyrdum	23. If death was due to externel causes (VIOLENCE) fill in also the follow	wing:
16. BIRTHPLACE (city or down) Mr. Con (State or country)	and from	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mrs Methis (Addrass) A & Faither	Thanking bury	(Specify city or town, county and Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Transless MA	Dete 700 15 1934	Menner of injury	
19. UNDERTAKER 5' 3. C. (Address) Samuel	east Inc	24. Was disaasa or injury in any way related to occupetion of deceased?	no
20. FILED Char 15-, 1934 D	lla V. Burdette	(Signed) Leage M. Jogar (Address) Damaseya Mo	. м. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	- i	Example II	
The principal cause of deat of importance were as follow	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC # TOO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	W. W. 400	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDGAIL V	July 5,1927	Peritonitis	3 days ago
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				I .

# PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11448
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 2//
Village or City Mr. Co Garles Surg	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or topp where death occurred 3yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Colley My Cores	Mary Tribban Ang
(a) Residence: No. M. Callestusa M. (Ususi place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (word)	21. DATE OF DEATH Nov. 23 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 15, 1860	Hast saw her deal Nov. 23 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 10 5m.
74 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER Conglinor SAWYER, BIDKKEPER, etc.	Cerbreal Heamasslage ( Several during
on Industry or business in which work was done, as SILK MILL, Wractical nurse.	
11. Total time (years)  this occupation (month and 1928 spant in this 50438  yoar)  11. Total time (years) spant in this 50438	
12. BIRTHPLACE (city or town) Mr. Liberty md.	Other Contributory Causes of importance with the Contributory - Aleronis Wilmon
13. NAME Peter Eves	
13. NAME Seler 6 ves 14. BIRTHPLACE (city or town) Mr. Liberty (State or country)	Name of operation
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Nr. A suderick	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country) M.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ili Starry descallent + (Address) Clarkeshing, md	Specify whether injury occurred in INDÚSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Placemen Chapel Ceyn. Date Nov 26, 193	Manner of injury
19. UNDERTAKER CONTLA Draugh	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Tron 24, 1934 Mrs & Lewis	(Signed) Lange M. Boyer M. D.
Local Registrar.	(Address) Damasers mg

-WRITE PLAINLY,

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exai	nple I		Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	her s	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	The state of the	July5,1927	Peritonitis	3 days ago
	1		BURGALY V. S.	
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11449
1. PLACE OF DEATH	106:00
county Montgomery	Registration Dist. No. 223
Village or City Takama Par K Md	ND. 807 Carroll avest Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME DEVYY Newton taive	hi ld
(a) Residence: No. 807/ Carval Que. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
White OR DIVORCED (write the word)	Mov. 25, 1934
5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended daceased from
7121021	Nov. 25 ,1934, 10 Nov 25th , 1934
6. DATE OF BIRTH (month, day, and yaer) 0 9 9 9 17 LESS than	l iest saw h
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	12 touchtes, acut
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
- Spailt ill fulls	
year) occupation	Other Cantributory Causes of importanca:
12. BIRTHPLACE (city or town) 19 Koma Van K., Md. (State or country)	Pulmonay Congestion + clama
	O
= Same to the farranta	
14. BIRTHPLACE (city or town) - Mt - Vexaon - Olaia (State or country)	Name of operation
	What test confirmed diagnosis? Lucy prof. Was there an aulopsy?
I FO DEVONE SIMS	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
[State or country]	Accident, suicide, or homicide?
0 11 . 0 . 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DUN: Taxium UKLON ds.	Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. DURING, CREMATION, OR REMOVAL	Mennar of injury
Place Wash De Data nov. 26, 1934	Natura of Injury
19. UNDERTAKER Samuel N. Fairchill.	24. Was disaasa or injury In any way reletad to occupation of daceasad?
(Addrass) 80) Canall av Tak Parkind	If so, spacify
20. FILED 100725 1934 Al Porce	(Signad) Offarret M.D.
Registrar.	(Address) Washingto San. Takony
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	Date of onset
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
J DEC 5 18.4 4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11450
1. PLACE OF DEATH	92-02
County Monty	Registration Dist. No. 2/4
Village or City Marke rabus q	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert Trainfo	
(a) Residence: No. martineburg The	C4 Mr. J
(d) Residence. No. // Cusal place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 103 4
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
(or) WIFE of Laral Johnson Fairfox	22. I HEREBY CERTIFY. That I attended deceased from 1934, to Nov 22 1934
6. DATE OF BIRTH (month, day, and year) Leeb 22-1860	Hast say being alive on Nov 22 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8.13 Pm.
74 9 0 1 day,hrs.	were as follows:
8 Trade profession or narticular	mitral Insufficiency 1930
SAWYER, BOOKKEEPER, etc	neutr mys edilety 11/201.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occuration (mostly and	
10. Data deceased last worked at / 11. Total time (years)	-
this occupation (month and 11/19/34) spant in this occupation 56	
12 BIRTURI ACT (situat Anna)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	James of Account 1/30
13. NAME Hamon Markae	
13. NAME Haman Garfae  14. BIRTHPLACE (city or town) Unfavored	Name of operation.
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria lowel	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Maria fowel  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dale of Injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Sarah lear ford (Address) Debraon MAD	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Martinsburg Date // 25, 1934	Nature of injury
19. UNDERTAKER Thenry Laws (Address)	24. Was disease or injury in any way related to occupation of deceased?
11/211 21 81.01.1.4	If so, specify (Signad)  (Signad)  (MD)
20. FILED // - 7 , 1934 - W White	D A The state of t

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	auses Date of onset
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Aug 11 17 1	- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEL 3 H.S	July 5, 1927	Peritonitis	3 days ago
	BUDEAU			
Other contributory causes		0. 1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	92-0
County Montgony	Registration Dist. No. 2/8
Village or City Hay Cathershurg	NoSt.,War
( )	f death occurred in a hospital or institution, give its NAME instead of street and number)
D 10 %	s
2. FULL NAME ( 2 rods prager	
(a) Residence: No. Adam Kattlishurg (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
. If married, widowed, or divorced	(Month) (Day) (Tear)
HUSBAND of Comic Frager	22. 1 HEREBY CERTIFY, Thet I ettended deceased from
0	1934 to Nov 7 1934
DATE OF BIRTH (month, day, and year) and 12 - 18 7	I last sew harman enve on death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at & Hm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
60 7 7 ormin.	were as follows: Oats of peat H and retated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	well nepputs: Out 2
SAWYER, BOOKKEEPER, etc.	trought as by epperwell live
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceesed last worked et	· Valoulos Seort sanditions for Alexand years
this occupation (month and 2/3/ spant in this 40 occupation 40	
martle 1	Other Coutributory Causes el importance:
2. BIRTHPLACE (city or town) Mary Care (State or country) 2 months	Probably several year
13. NAME  14. BIRTHPLACE (city or town) Many Card	- The same of the same of the
The opposite of	
14. BIRTHPLACE (city or town) May (State or country)	Name of operation Date of
15. MAIDEN NAME Sarch Micakel	What test confirmed diagnosis? Was there an autopsy?
W. MAIDEN HAME & CONTRACTOR OF CONTRACTOR	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) May Land Co- (State or country)	Accident, suicide, or homicide?
0 - 7	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT (Address) Faithers and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OB REMOVAL C	Manner of Injury
Place Brook Troval Dete Nov 7 , 1934	
B. C. B. a.D.	
9. UNDERTAKER OF W. Sanger	24. Wes diseese or Injury In any wey releted to occupation of deceased?
(Address) Haither Shory	If so, specify
o FILED NOS. 7, 1934 abuda 9. Souk	(Signed) M.
Registrar.	(Address) (Address) Machinery Machinery

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. I indout the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 16.3	1 2		
Other contributory causes of importance:	11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATÉ OF	MARYLAND—CERTIFICATE OF DEATH	11452
A 771.0		

1. PLA	CE OF DEAT	Н			19)	
Coun	ity Montgo	mery			Registration Dist. No. 22	3
Villag	ge or City Lak	oma Gar	be	(1)	No. Washing Tons Sanitarium + Hearf. death occurred in a horpital or institution, give its NAME instead of street and n	umber)
Lengt	h of residence in city	or town where d	leath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmo	sds.
2. FUL	L NAME M	v. Will	iam J.	Jalbrith	·	
(a) I	Residence: Np. 2	425-1	(Usual place of	f abode)	St, Ward. Washington, D. C. If nonresident give city or town and	State
PER	RSONAL AND	STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX mal	e w	OR RACE	5. SINGLE, MARK OR DIVORCED Man	(write the word)	21. DATE OF DEATH  Movember 15  (Month) (Day)	, 193 4 (Year)
HUSBAI (or) W.	d, widowed, or divorc ND of FE of Mar		en Lid		22. I HEREBY CERTIFY. That I attanded  November 9, 1934, to Movember	15 1934
6. DATE OF	BIRTH (month, day,	and year) Oc	tober 24,	1855	I last saw h saw_aliva on November 15, 1934	; daath Is sald
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 125 M.m.	
	79	0	10	1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	
0 ×	a, profession, or part and of work done, as AWYER, BDOKKEEPI	SPINNER,	Printer	,	Shi Gerhidis	Date of onset
9. Indu	stry or businass in v work was done, as SIL SAW MILL, BANK, etc	which	Retired		Myscarthal Degeneration	
ID. Date	daceasad lest worke his occupation (month	ed at	2 11. Totel tir	na (years) tin this pation 5/42	,	~~~~
	ACE (city or town) a or country)		delphia		Other Contributary Causes of Importance:	-33-9
		June			Juma f	2-0 4 hs
13. NAM	E m. jo	un Ja	lbraith	•	Agreeded Julul	oudle
1.7	HPLACE (city or town	n) Scot	land		Name of operationDate of	
0	State or country)	0 .			What tast confirmed diagnosis? NPM while Was there an a	utopsy?_O
I	DEN NAME 6	inality	w mille	gan	23. If death was due to external causes (VIOL ENCE) fill in also the following	: U
	HPLACE (city or town State or country)	n) 2st	land	/ 	Accident, suicida, or homicide? Data of injury	, 19
	NT Washis	stone do	internin	Records	Whare did injury occur?  (Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	c) CF.
(Addr			La Mar			
	CREMATION, OR REP	MOVAL		4) 1934	Manner of injury	
19. UNDERTA	ALLEN THE THE STATE OF THE STAT	beare	les		24. Was disaase or injury in any way ralated to occupation of decaased?	
	(ass) 10895	,	YE P	180000	If so, specify (Signed)	M. D.
				Registrar.	(Address) Johanna ark, Ma.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1/1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	14		
The second secon	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-	
1	of	plu	200	
)	item	sho	) jo	
	D. Every	SICIANS	tatement	
	RECOR	. PHY	Exact s	
REGIN RESERVED FOR BINDING	MANENT	KACTLY	lassified.	
FOR BII	IS A PER	stated E	roperly c	ertificate.
2	[IS]	pe s	pe I	of co
ERVE	VK-TH	plnous	it may	n back
N RES	ING II	AGE	so that	ctions o
RGI	UNFAI	upplied.	terms,	e instru
7	WITH	efully s	in plain	ant. Se
	LAINLY,	uld be car	F DEATH	ery import
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
in .	Z.			

STATE	OF	MARYI	AND-	-CERTI	FICATE	OF	DEATH
OI/VIL	OI.	INIVIT	./\\\	OFICE			DEMILI

-15	10	4	the	00
1	I	4	U	3

I. PLACE OF DEATH	<del></del>		
County Moul going	7	Registration Dist. No.	218
Village or City Jase Laylor	trille	No	St.,Ward
Longth of rasidanca in city or town where death		death occurred in a hospital or institution, give its NAME instead of death occurred in under the death of the death occurred in under the dea	
1 0 -		A.	
(a) Residence: No. 7500	y tons wille m (Usual place of abode)	St., Ward.	town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DE	
	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH	- 4
	Baley	(Month) (Day)	(Year)
. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I	attended deceased from
(or) WIFE of			- 2J - 1934
DATE OF BIRTH (month, day, and year)	25-1934		., 195 54; deeth Is said
AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
0 0	0 1 day, _Ohrs. orOmin.	The PRINCIPAL CAUSE OF DEATH and related causes of import ware es foliows:	,
8. Trede, profession, or particular kind of work done, as SPINNER,	0	Still bon	Date of enset
SAWYER, BUUKKEEPER, atc	Caley	Berns 2 mil & Twing the	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	>	Cord from all ly abstruction	( dy
10. Date deceesed last worked et this occupation (month and	11. Totel time (yeers) spent in this	Thornalise Child which	Mas
yaar)	occupation	Other Contributory Canses of Importance:	
BIRTHPLACE (city or town) / Sar V	ry fours selle h	4	
(Stete or country) many law	4.0		
13. NAME Cornect W Th	my 1		
14. BIRTHPLACE (city or town)	sweedale My	Neme of operation	Data of
(State or country)	NA PAIN	What test confirmed diagnosis? Was	thara an autopsy?
15. MAIDEN NAME Many Jours	wille Makerlan	23. If death was due to external causes (VIOLENCE) fill in also the	following:
16. BIRTHPLACE (city or town)	Lay temorelle Dong	Accident, suicide, or homicida? Data of Inju	ry, 19
(State or country)	1 2 '	Whera did injury occur?(Specify city or town, coun	ty and State)
(Address) Wookville	A # 2 mil	Specify whether injury occurred in INDUSTRY, in HOME, or in P	UBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Browing	wille med	Manner of Injury	
Place Resida Cent 10	ate 2002 6 , 1934	Natura of injury	
UNDERTAKER Ruy W Borley		24. Was diseasa or injury in any way ralated to occupation of dec	eased? Zto
(Address) Laytons pil	le Ind	If so, specify	
FILED 2005 26, 1934 77	DIPLO LI Registrar.	(Signed) / A prince wille	Stad M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Cerebral hemorrhage  Other contributory causes of importance:  Date of onset  Of importance were as follows:  1915  Attack of epilepsy  1 u  Cerebral hemorrhage  July 5, 1927  Other contributory causes of importance:  Other contributory causes of importance:	Example II		Example I
Cerebral hemorrhage July 5,1927 Peritonitis 3 d  Other contributory causes of importance: Other contributory causes of importance:	of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
Other contributory causes of importance:  Other contributory causes of importance:	Run over by street car	1921	Chronic interstitial nephritis
Other contributory causes of importance:  Other contributory causes of importance:	Peritonitis	July 5,1927	Cerebral hemorrhage
Other contributory causes of importance:  Other contributory causes of importance:			The second of the second of the
	BUREAU VER III		
Gallstones May 1,1923 Gastroenteritis 1	Gastroenteritis	May 1,1923	Gallstones
1		of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11454
1. PLACE OF DEATH	(31)
County Moutgonegy	Registration Dist. No. 214
Village or City Dilar Spring, P. J.	No. St., Ward
Length of residence in city or town where death occurred A - yrs, 2 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Puth Toutking	Harry
(a) Residence: No. Silver Spring. P. F. L	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 , 193.4. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eldridge B Harry	22. HEREBY CERTIFY, That I attended deceased from  Nov. 15 1934 to Wov. 20 1934
6. DATE OF BIRTH (month, day, and yeer) March 30, 1909	I last saw h & alive on 200. 19 - 19 3 4; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.00 A.m.
25 7 20 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Chronie Myocarditis 1932
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Was Lington, D.C. (State or country)	Other Contributary Causes of importance:
13. NAME Laures B. Lorupteins	7,55
14. BIRTHPLACE (city or town) Makor Va (State or country)	Name of operation  Whet test confirmed diagnosis? Chinele Was there an autopsy?
15. MAIDEN NAME Ethel V. Potits	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Charangay N. 4.  (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Ethel S. Torup King (Address) Silver Spring, and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, fn HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 15 10 10 10 10 10 10 10 10 10 10 10 10 10	Manner of injury
19. UNDERTAKER Address) / resorte Address	24. Was disease or injury in any way related to occupation of deceased? Zus
20. FILED NOV: 21, 1934 Margaret C. Tremlarm. Registrar.	(Signed) Henry S. Brown M. D.  (Address) Transington, ruch

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

A STATE OF THE STA

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

2

TION is veryimportant.

STATE OF MARYLAND—CE	ERTIFICATE OF DEATH 11455
1. PLACE OF DEATH	93-2
County Wortgomen	Registration Dist. No. 312
Village or City area Comus & Md.	NoSt.,Ward th occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2.D_yrsmos	ds. How long in U.S. if of foreign birth?
To Constitution Wind	hman
2. FULL NAME VWA . DUSCE	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	1. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of nife of Samuel Hickman 22. (or) WIFE of nife of Samuel Hickman 22.	
6. DATE OF BIRTH (month, day, and year) Dec 16: 1847	I last saw h.enalive onne_v
7. AGE Years Months Days If LESS than to	to have occurred on the date stated above, atm.
86 10 23 Idey,hrs. T	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	arteral ochrons 1930
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month and	myreardus
work was done, as SILK MILL, SAW MILL, BANK, etc.	my stand a compensants of 10 frag
10. Date decessed last worked et this occupation (month and spant in this	
year) occupation/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) And Co.	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Data
(State of Country)	What test confirmed diagnosis? Was there an au'opsy? 200  3. If death was due to external causes (VIOLENCE) fill in also the following:
Ε	Accident, suicida, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT V.V.V.	(Specify city or town, county aud State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Manner of injury
Cellera har ID 1324	Nature of injury
Itill as to Paris our ?	24. Wes disease or injury In any way related to occupation of deceased?
19. UNDERTAKER	If so, specify
20. FILED 11-8, 1934 mrs. Cla gett filtou	(Signed) With V / Journe M. D. (Address Downsmill Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  EXAMPLE I  Date of onset			Example II		
			The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephri	5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Dr. 0 10:14	July 5,1927	Peritonilis	3 days ago	
	SURBAU V. S				
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	----------	------------	----	-----------

BINDING

FOR

RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example 11		
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

Ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Montgomery	Registration Dist. No. 🗸 / 6
Village or City Chevy Chase, Md.	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town whare death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Kalk	
(a) Residence: No. 505 E.LeLend St. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If marriad, widowed, or divorced HUSBAND of Elizabeth A.Kalk (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
DATE OF BIRTH (month, day, and yeer) Oct, 13-1869	I last saw h allva on 19 death is said
7. AGE Years Months Days If LESS than 1 dey,hrs. ornrs.	to have occurred on the date stated above, at 900 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Trobably Heart desire
2. BIRTHPLACE (city or town) Frankford (State or country) Germany	Other Contributory Causes of importance:
13. NAME Adam J. Kalk	Priever saw home slove
14. BIRTHPLACE (city or town) UNKNOWN (State or country)	Nema of operation Data of Was there an autopsy?
15. MAIDEN NAME C Smith	23. If deeth was due to axternal causas (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Germany (Stete or country)	Accident, sulcide, or homicide? Date of Injury, 19
7. INFORMANT Elizabeth A. Kalk Co., Chille md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Washington, D.C. Date 11/25/3419	Manner of injury
19. UNDERTAKER Marlen W. Margoon (Address) 1300 No. St. N. W.	24. Was disease or injury In any way ralated to occupation of deceased?
20, FILED 1/25 , 19 34 03. 8 Oly M. O. Registrar.	(Signed) OAAAAM. M. D.  (Addrass) Bethesda MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related car of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	V C 01921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
VIIDE ALL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(131)
3 10 11 1-1	Registration Dist. No.
Length of residence in city or town where death occurred 80 vrs 1	NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  nosds. How long in U.S. If of foreign birth?yrsmosds
(a) Residence: No. 22 Colonia (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	193
e. If married, widowed, or divorged HUSBAND of	(Month) (Day) (Year)
HUSBAND of Oddie 6. King	22. Och 23 1934, to 200. 21 1934
DATE OF BIRTH (month, day, and year) Oct. 21 1854	I lest saw h Am alive on Nov 21 1934; death is said
7. AGE Years Months Days If LESS than 1 dey,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
& Trade profession or particular	Chronic Interstitiof reportes Date of chart
kind of work done, as SPINNER, Lettred Farmer SAWYER, BOOKKEFER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et	
10. Date deceased lest worked et this occupation (month and year) 11. Total time (yeers) spent in this occupation occupation	
22. BIRTHPLACE (city or town) Mr. Clarksburg (State or country) md	Other Contributory Causes of importance: 1. 1-mo.
13. NAME Edud. & King	THE THE SECOND S
13. NAME Edur L. Knig  14. BIRTHPLACE (city or town) Nr. Clarkeshurg  (State or country)	Name of operation Date of
15. MAIDEN NAME MANY & Bus lette	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Brackette.  16. BIRTHPLACE (city or town) Far. Clarksburg.  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
7. INFORMANT Raymond ting. (Address) R. A. Clarkesbarg. And	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Landsbury, Gam, Date 200 2 4 , 193	Menner of injury
9. UNDERTAKER J. B. Beall Ine (Address) Damaseus ma	24. Wes disease or injury In any way related to occupation of deceased? 200
20. FILED NOV-22 2, 19.34 Della N. Burde	(Signed) and M. Dogar M. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

V. S. No. 1 m.

STATE OF	MARYL	AND-CERTIF	FICATE	OF	DEATH
----------	-------	------------	--------	----	-------

7	1	A	-	1)
1	1	#	U	J

1. PLACE OF DEATH	
County monlgomery	Registration Dist. No. 2/6
Village or City Cherry Chase	No
Length of residence In city or town where death occurredyrs,n	nosds. How long in U. S. if of foreign birth?yrsmos,ds.
2. FULL NAME John Campbell	Jawson
(a) Residence No. 6 4 0 3 Ollawcon (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Male  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 193 4
5e, If married, widowed, or divorced	(Month) (Dey) (Yéer)
HUSBAND OF (or) WIFE OF Belle Campbell Laws	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Queg 16 1852 7. AGE Years Months Deys If LESS than 1 day,hi	to have occurred on the date stated above, et
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Deabets Wellitus 2 3 2
Solution of particular telegraphs and the profession of particular telegraphs and	
10. Deto deceased last worked at this occupation (month and year) cocupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME	- heart fallers how
14. BIRTHPLACE (city or town)	Neme of operation Dete of
15. MAIDEN NAME	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, C <del>REMATION, OR R</del> EMOVAL	Manner of injury
Plece Washing to De Dete Nov. 2, 1934	Nature of injury
19. UNDERTAKER The S. H Hines Co (Address) 2901-14 St Was, Dec	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/2 , 1934 B. Gary M. & Registrar.	(Signed) (Address) The Markaw Warf Do

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Dilbert	,			
Other contributory causes of importance:	<u>.</u> .	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

I. PLACE OF DEATH	
County Mongomery,	Registration Dist. No.
Village or City Cherry Chase.	No. St, Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Who Kattie, Eruna	Yelnner Manley
(a) Residence: No.6 Williams Zame	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lewale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
If married, widowed, or divorced HUSBAND of	22. LHEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Dr. L. C. Mauley.	Betaker 19 34, 10 Elaw. 19, 19 31
DATE OF BIRTH (month, day, end year) 3-1-1858	I last saw have elive on 2000, 19, 1934; death is sel
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8m.
7/0 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related courses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of office
SAWYER, BOOKKEEPER, etc.	general Consudana 193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Franci.
10. Date deceased lest worked at 11. Totel time (years)	
this occupation (month end spent in this year) occupation	
BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country)	Burney 1930
13. NAME as Darling spalding	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Deshebar Treenow.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
INFORMANT Laurence O. Manley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (a - W Illumis Jame, My).	Manner of injury
Place Washington, Date 1/19 1935	Neture of Injury
UNDERTAKET homas F. Munay Son	24. Was disease or injury in any wey related to occupetion of deceased?
FILED /// 19 19.34 LO Minear Registrar.	(Signod) Address) 3 9 2 - Andrew M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of conset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BIIDBAIL A	July5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	a5
County Custing only	Registration Dist. No. 214
Village or City & Dun Shows Cu	No. St., War feath occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth? yrs mos d
2. FULL NAME Jassie Evelyn 4	Marlie"
(a) Residence: No. Characteristic Care	St, Ward.
(Usual place of above) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Famal Whate OR DIVORCED (write the word)	Morewher 2 - 193 4 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J Roman Watte	22. I HEREBY CERTIFY. That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) January 30, 1870	I last saw h.e.r. alive on hov. 2 4, 1934; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
(04 ormin.	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (months and separation this because in this security of the separation (months and separation this security and separation the security and securit	Pulmonary tuberculos
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) William ak aa	Dther Contributory Causes of Importance:
(Stata or country)	- chronic mysearditis
13. NAME W Dean Donell	0
13. NAME Down Down Down 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What tast confirmed diagnosis? X Was there an autopsy?
15. MAIDEN NAME	23. If death was dua to external causes (VIOL ENCE) fill In also the following;
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (Stata or country)	Whera did Injury occur?(Specify city or town, county and State)
17. INFORMANT Queller Charles Color Show	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Compression Que Control 3, 19 34	- Nature of injury
19. UNDERTAKER W. Chambras (Address) Warkungton, DO	24. Was diseasa or injury in any way ralated to occupation of deceased?
20. FILED WOV . 3, 1954 TE Wardy &	(Signed) Mullower M.  (Address) 815-Courance mu
If more blanks are needed, address State Registrar	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must st	tate:
--	-------

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

of certificate.

See instructions on back

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11462
1. PLACE OF DEATH	(9)
County Mongonery	Registration Dist. No. 2_//
Village or City Mr. Classesburg	No. St. Ward
Length of rasidence in city-or town where death occurred \$0_yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME LASSAMAN	1 - fl
J. T. J.	arment.
(a) Residence: No. No. (Olawsywa), Ma, (Usua) stifes of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED ("grite the word)	21. DATE OF DEATH Nov 13
11. O. married	(Month) (Day) (Vaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Jama Mannews	Mrs 4 1934, 10 hod. 13 1934
6. DATE OF BIRTH (month, day, and year) 1854 Oct. 10	I last saw h 124 alive on 100 13 1934; death is said
7. AGE Years Months Oays If LESS than I dayhrs.	to have occurred on the data stated above, at
80// 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fedlows:
S. Lrade, profession, or particular kind of work done, as SPINNER, Abourt SAWYER, BOOKKEEPER, atc	Chrome mersuna 14-
9. Industry or business in which	growns -
work was dona, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this figure occupation occupation occupation	
12, BIRTHPLACE (city or town) N2 Clarksburg.	Other Contributory Causes of Importance.
(State or country) Mid	Musico - Marion Marion Branch
13. NAME Unknown	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Malhens	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 4. State frag	Accident, suicida, or homicide?
Radamand K. J.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) Holashesburg nata	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Rockey Will Cem.	Mannar of injury
Place 1. 6 Lasterburg, M. Oate Mrs. 15, 1934	Natura of injury
19. UNDERTAKER Roy H. Basher	24. Was disaase or injury in any way related to occupation of decaased? 200
(Addrass) factousville ma.	If so, specify
20. FILEO 220 LS, 1984 1/2 & Lecon	(Signad) M. D. M. D.
Focal Registrar.	(Addrass) and assetted and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
William	/ T			
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.-

STATE OF MARYLAND—CERTIFICATE OF	DEATH

-	ĸ.	R	10	2
	1	4	J	3

1. PLACE OF DEATH	
County_ Nonta Co	Registration Dist. No. 218
Village or City Gaithersburg R F	D No. St. Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
	The second secon
2. FULL NAME TWIA JANE THIS  (a) Residence: No. Gaithersburg and	R St. F D Works teile
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH Nov 23rd 34
Female   White   Wldow 5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Joseph H Mills	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct Isth 1863	I last saw h alive on 22 1924; death is said
7. AGE Years 7I Months Days 5 If LESS than 1 day, hrs	the FRINCIPAL CAUSE OF DEATH and related causes of importance
O Trade and all and a second an	Dats of onset
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and second in this occupation (month and second in this scenarior).	auth Bullian Dellations 11-23-34
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:  Chamis Values of Management of the Contributory Causes of Importance:
	1.3.0.
<u>M</u> d	
14. BIRTHPLACE (city or town)   (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Brandenburg  16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ars Roy Crown (Address) Geithersburg lid K	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL G Md Nov 25/	3 4 Manner of Injury
19. UNDERTAKER BRNLST C GARTNER (Address) Gaithers burg Md	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Nov. 24, 1934 Cilreda y Gooke Registrar.	(Signed) December M. D.  (Address) Mass his form of the second of the se

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ıi	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

SIAII	E OF MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			
County YWWAY	nueuf	·	Registration Dist, No. 223
Village or City & ak	oud Park	-md	No. Wash Laur Nosp - St Word
Length of residence in city or town	where deeth occurred	(If	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Unna		P + +10	The Russell + Flanence Magle
	una ung	and of the	
(a) Residence: No.	(Usual place of	f abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEATH
3. SEX Jemel 4. COLOR OR RAC		led, WIDOWED, (write the word)	21. DATE OF DEATH NOV 7 1 193 F
5a. If married, widowed, or divorced HUSBAND of			(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of			22.   HEREBY CERTIFY, Thet   attended daceasad from
	1 nd 3	16	1 100 1. 1934 to 100 7 1 1934
6. DATE OF BIRTH (month, day, end year)	100/100	9	I lest sew h alive on 1909 ; death is said
7. AGE Years Mon	ths Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at 12, 12, m.
		ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNE	R		Date of onset
kind of work done, as SPINNE SAWYER, BDDKKEEPER, etc	moul.		Ma (Ellases.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	mone.		
kind of work done, as SPINNE SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Dete deceesed last worked et		a (vase)	
this occupation (month and year)	11. Total tim	in this	
On.	meland	mad -	Other Contributory Cause of Importance: Peru Mill
12. BIRTHPLACE (city or town) (State or country)	Ta Roma Bas	1	wohn has not very will
1 13. NAME Rohu Kusa	ell mogle	70	and nev foregrandey-
	1,000	-	
(Stata or country)	ningyw	anna	Nama of operation Dete of
15. MAIDEN NAME HOVELLE	REES		What tast confirmed diagnosis? Was there an autopsy?
0	1 4 0		23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Maley VEN	ma -	Accident, suicide, or homicide?
(State of County)	05.	2	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT ILLE Johns	J. Mag	CA	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	mal. /9/	ile.	
Place Wher Marlo	oro Date Nov.	9, 19.34	Manner of Injury
Father 1	O MAR	19.02.7	Natura of injury
19. UNDERTAKER - F. O. M. 1	Ill of	6	24. Was disease or injury In any wey related to occupation of daceased?
(Address) 21T-2nd 8	t January 1	ud.	If so, spacify
20. FILED Nov 8, 1934	St. Ellog	Registrar.	(Signad) A durant C ( Less) M. D. (Address) Takurua Park Med - M. D.
Ij	more blanks are needed, add	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago RIMARALL Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	(83)			
county mentagemen	Registration Dist. No. 211			
Village or City Project Nd	NoSt.,Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs			
JAAN. P.	Wil al along			
D - 1 1 1 1 1	# St./ Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ownite the word)	21. DATE OF DEATH (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attanded daceased from			
(or) WIFE of	11/18 1934 to 19			
6. DATE OF BIRTH (month, day, and year) \au 17" 1933	I last saw h- LA _ alive on Post murleu 1/18; 1934; death is sai			
7. AGE Years Months Days If LESS than	to hava occurred on the data stated above, at 2 P.m.			
/ / / I day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER,	accidental dividual 4/18/			
SAWYER, BOOKKEEPER, etc.	(Year Down M. Lat - Dasola )			
work was done, as SILK MILL, SAW MILL, BANK, etc.	water ally fell in cruent			
TO. Date deceased last worked at this occupation (month and spant in this	<i></i>			
yaar) occupation	Other Contributory Causes of importanca:			
12. BIRTHPLACE (city or town)				
The state of the s				
III IS, NAME				
	Name of operation Date of			
	What test confirmed diagnosis?			
16 RIPTHPI ACE (city or town) Vachuselens	Accident, suicide, or homicide? Date of injury, 19			
State or country)	Where did Injury occur?			
17. INFORMANT Cranie 5. melalser	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
(Address) Poerydo Md.				
	Manner of injury			
Place Strong V. Strong Date Word Strong Is a g	Natura of Injury			
19. UNDERTAKER WILLEN Truce	24. Was disease or injury in any way related to occupation of deceased?			
· 1 ( a might a ma	(Signed) Applies During M.			
20. FILED TV 19, 1964 Registrar.	(Address) Dansonvalle Ma			
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			
	1. PLACE OF DEATH  County Village or City Length of residence in city or town where death occurred Length of residence in city or town where death occurred  2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Constitution (or) WIFE of  5a. If married, widowed, or divorced (or) WIFE of  6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than Iday, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation (month and yaar)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date.  19. UNDERTAKER (Address)  20. FILED  Registrar.  Registrar.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

1	County Francis	Con Y as	(3)
	9/	Montagor	Registration Dist. No. 2/1
	Village or City We Toys	elbelown ()	No. St., V f death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where	eath occurred/mos	sds. How long in U. S. if of foreign birth?yrsmos
2	. FULL NAME Lelbert	Davis horwon	
	(a) Residence: No. 20 House		
-		(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. 3	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 700. 20 ,193 4 (Month) (Day) (Yea
5e.	If married, widowed, or divorced	77.01.21.0.252	(Month) (Day) (Yea
	HUSBAND OF Halle	6 hoswood	22. Oct. HEREBY CERTIFY, That I attended deceased
6. [	DATE OF BIRTH (month, day, and years	me 20, 1870	I last saw here alive on Nov, 19 194; deeth is
7. /		Days If LESS than	to have occurred on the date stated above, at 8m.
	64 5	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
_	8. Trade, profession, or particular	ormin.	were exfollows:
0	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	wood we want
CUPATION	9. Industry or business in which		
5	work was done, as SILK MILL, SAW MILL, BANK, etc.		
ö	10. Date deceased last worked at	11. Total time (years)	
	10. Date deceased last worked at this occupetion (month and oct.)	spant in this 4-5	
12	BIRTHPLACE (city or town) W. Hoy	allstown.	Other Coutributory Causes of importance:
14.	(Stete or country)	Trus	- Incerno - Acceptante
ER	13. NAME Lessesses	nound	
I	- A Comment	e III	
FA	14. BIRTHPLACE (city or town) Tox	syaustowy.	Neme of operation Dete of
2	0000		Whet test confirmed diegnosis? Was there an autopsy?
HER	15. MAIDEN NAME CALLVES	Miles	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
MOT	16. BIRTHPLACE (city or town)	overova	Accident, suicide, or homicide?, 19
- 1	(State or country)	nd	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT WW. Tillet	). horwood	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18,	BURIAL CREMATION, OR REMOVAL	70	Menner of Injury
10	Place Hallo fown Md	Date 201 23, 1934	Nature of injury
	07.83	J.H. J X	2-
19.	(Address) Gantalana	and + Hon	24. Was disease or injury In any way related to occupetion of deceased?
	6 Tunnan	6 P	if so, specify A Carren
20.	FILED 122- 1934 11	Edgiois	(Signed)
		Fred Registrar.	(Address) I Jamaseus Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and-related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago CREAL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

of OCCUPA-

Every item of infor-

1. PLACE OF DEATH	
County Montgomer	Registration Dist. No. 228
Village or City La La Vonca Par	le No. 107 Grant aresul St., Ward
Length of residance in city or town whare death occurredyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Stillborn Inf	A Perone
(a) Residence: No. 10 7 Asan (Usual place of abode	lenne Parkt, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, W OR DIVORCED (write	the word)  21. DATE OF DEATH  (Month)  (Month)  (Mar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 707. 13. 19	13 4 Llast saw h alive on 19 death is said
7. AGE Years Months Days If I	ESS than to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows
8. Trada, profession, or particular kind of work done, as SPINNER,	Stillborn due to Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this sequestion (month and	- Hydrocephall and
work was done, es SILK MILL, SAW MILL, BANK, etc	of Plant After tackory
this occupetion (month end spent in this yeer) occupation	" Joseph
12. BIRTHPLACE (city or town) 10.7 Grant aren (State or country) To Learney Carle Tr	Other Coutributory Causes of importance:
13. NAME Promas Perone	
13. NAME Promes Perone 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Bessie may Ste	23. If deeth wes due to external ceuses (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Bessie may ste 16. BIRTHPLACE (city or town). Barnes ville	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country) manyland	Where did Injury occur?
17. INFORMANT Mrs. Turned Jelson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Ques : Date Olor / 3	Manner of Injury
19. UNDERTAKER agner C. Sumpfreel (Address) Rochvell High	24. Wes disease or injury in any way related to occupation of deceased?
to the state of th	(Signed) A Trule & M. D. Registrar. (Address) 928 Shop an Silver Hurs
If more blanks are needed, address Sta	te Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUDPACE V 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L PLANTAGE	1//		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S	TATE OF	MAR	YLAND-	CERTIFICA	ATE OF	DEATH	114	169
PLACE OF DEAT	H	7			97	4 10 10 10 10 10 10 10 10 10 10 10 10 10		
County	now	92	mens	Co:	R	egistration Dist. No	0. 2	13
Village or City	Bean	Stan	m/-	HNE Pung	hreis 1	Richmele	_ St	Ward
Length of residence in city	v or town where deal	h occurred	yrs,mos	death occurred in a horp	ital or institution, g	ive its NAME instead gn birth?yr	of street and num	ber)
FULL NAME	Van	ma A	11/	) La W	THE O. SETT OF TOTAL	gu pirtu:yr	smos	ds.
	13.11		10 6	e course				
(a) Residence: No	Jaca.	(Usual place	of abode)	St., War		f nonresident give city	or town and Sta	ile
PERSONAL ANI	STATISTIC	AL PARTI	CULARS	MED		IFICATE OF		
EX 4. COLOR	OR RACE 5	SINGLE, MAR	RIED, WIOOWED, D (write the word)	21. DATE OF D	EATH	12		./
vale wh	ite !	marr	,		(Mo	nth) (Oe	, 19	93 (Year)
f married, widowed, or divor HUSBANO of	ced			22. I HE	DERY OF		<u> </u>	(75.)
(or) WIFE of Edith	I full 1	True Il		22. I H E	REBICI	ERTIFY, That	l attended dec	eased from
ATE OF BIRTH (month, day,	and year)	me "	7 /897	I last saw h. L	A Her C	learlo,	11-10/2.1	eath is said
GE 57 Years	Months (	Days	If LESS than	to have occurred on th	e date stated abov	e, at 3 45 Pm	3	2 3010
53	5	6	I dey,hrs.	The PRINCIPAL CAUS	SE OF DEATH and	related causes of Imp	, -	
8. Trade, profession, or par kind of work done, a	ticular s SPINNER =			alles	Cole	pin	0	sta of onsat
kind of work done, a SAWYER, BOOKKEEP 9. Industry or business in		mur		19	1.7	A. A.		
work was done, as SI SAW MILL, BANK, et	LK MILL,			and	Unla	latron	-	
10. Date deceased last work this occupation (month	ed at	11. Total ti	me (yeers)	2	ear			1-13-
year)		- Octr	pation		end	San UD	200/	5.27
BIRTHPLACE (city or town)	Pourouil	da mu		Other Cuntributory Car	uses of Importance			1 .
(State or country)		0						
13. NAME	onedo	1 / Kis	rates			*****		
14. BIRTHPLACE (city or tow	/n)			Name of operation			Oate of	
(State or country)	mary	(Lann)		What test confirmed di	agnosis?	W	as there an au'o	psy?
15. MAIDEN NAME Man	4 5 Du	nus	\	23. If death was due to a				
16. BIRTHPLACE (city or tow (State or country)	n) La	y Can	<u> </u>	Accident, suicide, or ho		Date of In	jury	., 19
150	7/ 1/	1-	· - 1	Where did injury occur	(Sr	ecify city or town, con	unty and State)	
NFORMANT CASE	souvill	mi	usur)	Specify whether Injury	occurred in INDU	STRY, in HOME, or In	PUBLIC PLACE.	
BURIAL, CREMATION, OR RE		- pico		Manner of Injury				
Place A May	4	Dete MUN.	15,1034	Nature of Injury				
INDERTAKER Harr	ur & Pu	weshere	u	24. Wes disease or injur	ry in any wey rela	ted to occupation of d	eceased?	
(Address)	Rouville	mary	tan	If so, specify	CI	7		
ILED 11-15- 19	34 mg.	WT.	Prace-	(Signed)	10 11	my	ly	M. D.
			Registrar.	(Address)	(1)	colores	el6 2	ul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 P. A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF DEATH	A STATE OF THE STA	93-0	
County Mortgom	ery	Registration Dist. No. 2	14
Village or City Resu	sington	No. 108 Connecticut Que. St	Ward
Length of residence In city or town where d		f death occurred in a horpital or institution, give its NAME instead of street and s	
00.	41.		losds.
2. FULL NAME Ulice	Warner Sh	efara	
(a) Residence: No. 108 1	(Usual place of abode)	C. St., Ward.  If nonresident give city or town and	Seela
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	Daic
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
female white	OR DIVORCED (write the word)	Month) (Day)	_, 193_4
5a. If married, widowad, or divorced HUSBAND of	0 0 0 0	(cc))	(Yaar)
(or) WIFE of Sterbert Lin	icolore Slepard	22. I HEREBY CERTIFY, That I attended	deceased from
C DATE OF BIRTH (	otalo 21 1851	W W	19
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 122 At m.	; death is said
83 -	2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8. Trade, profession, or particular	ormin.	were as follows:	Date of oneat
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	rouseleeper	Soronary thrombosis	-114/34
9. Industry or businass in which work was done, as SILK MILL.	0		
SAW MILL, BANK, atc	our home	arteriosclerosis	1928
Citis occupation (Hould and	11. Total time (years) spent in this 55 occupation 55		
year) guly 192.	2   occupation	Other Contributary Canses of Importance:	
12. BIRTHPLACE (city or town) 2 ACC	stelyn		-
1/	- More	Myocarditis	1932
13. NAME Sterry Re	algeli		
4 14. BIRTHPLACE (city or town) STA	nésurle	Name of operation	
15. MAIDEN NAME Alice Maria Stafford  16. BIRTHPLACE (city or town)  (State or country)  The staff of the sta		Whet test confirmad diagnosis? Was thara an	
		23. If death was due to external causes (VIOLENCE) fill in also the following	
		Accident, suicida, or homicide? Date of Injury	, 19
		Whare did Injury occur? (Specify city or town, county and Sta	le)
(Addrass) 108 Rossin Ol	el Kensinston	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Mannar of Injury	
Place washington D.C.	Date, NOV. 16 , 1934	Nature of injury	
19. UNDERTAKER alumo 1	Speare	24. Was disease or injury in any wey releted to occupation of deceasad?	no
(Addrass) 1623-Co	un are Wash	If so, spacify	
20 FILED NOV. 16 1034 Max	caret C. Treme or us	(Signad) Skatharine a Chapm	au M.D.
20, 1122-4-2043-2-134-1-1340(	Registrar.	(Address) 20 W. Balto. St. Neus	ingtor
			77

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUDGALL V. S	F 2		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Distriction of	S A PERMANENT RECO	ated EXACTLY. PH	roperly classified. Exact	41.6 4-
THE PROPERTY OF PROPERTY	WRITE-PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECO.	nation should be carefully supplied. AGE should be stated EXACTLY. PH	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact	The state of the s

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH	(19)
	County monly only	Registration Dist. No. 223
404	Village or City Lakema Park	No. 303 Cedar an St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Betty ( assell Smil	us. Now long in 0.5. If of foreign pirth:yrsinosus.
2	2. FULL NAME TOUGH CHANGE	7
	(a) Residence: No. 303 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprite the word)	21. DATE OF DEATH AND 30 L
0	ceman single	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
_	(or) WIFE of	1100 27 11, 1934, to 1500 30 11, 1934
6.	DATE OF BIRTH (month, day, and year) June 9 11 1933	I last saw h SV aliva on 1 rod 30 1, 1937; death is said
	AGE Years Months Days If LESS than	to heve occurred on the date steted above, at 9.2.m.
	5 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onest
ATI	SAWYER, BDDKKEEPER, etc	Mod of s
UP	work was done, as SILK MILL, SAW MILL, BANK, etc.	ed a cold, Cug 57
OCCUPATION	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
	Bearing Alabour	Dther Contributary Causes of importence:
12.	(State or country)	Cola + my com monnine:
2	13. NAME Jany Orman Smith	Laston-enteriters Duration, 5 days
FATHER	Marchallta Olalorena	Nama of operation Dete of
FA	14. BIRTHPLACE (city of town) May Sham & Color & Shame (State or country)	Nama of operation Dete of What test confirmed diagnosis? Was there en autopsy?
ER	15. MAIDEN NAME Mallix Say loss	23. If death was dua to external causas (VIOL ENCE) fill in also the following:
MOTHER	16, BIRTHPLACE (city or town) Dona allabama	Accident, suicide, or homicide? Data of injury, 19
X	(State or country)	Where did injury occur?
17.	INFORMANT he from Orman Smith  (Address) 30 3 ledar let	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, GREMATION, DR REMOVAD	Manner of injury
	Place Wash. D. C Date how 30 , 19 3/	Netura of Injury
19.	UNDERTAKER W. W. Chambers (Address) 1400 chapen 24	24. Was disease or injury in any way related to occupation of deceased?
20,	FILED NOV 30, 1934 KHED INCLUS	(Signed) aurella C Mass Mrp.
	Registrar.	(Address) 700 Comoll Wor Sukomarak
	If more blanks are needed address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory eauses of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

of OCCUPA-

# STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(4)
County montgomery	Registration Dist. No. 2/6
Village or City Songest, Chern Che	el No. 506 Warwich Pkt, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles ). Spring	mann
(a) Residence: No. 50 6 Usbruch (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vorte the word)	21. DATE OF DEATH 8 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Elizabeth C. Spring many	22. I HEREBY CERTIFY, That I attended deceased from  1934 to November & 1934
6. DATE OF BIRTH (month, day, and year) apr. 30 /1872	I lest sawh can alive on Now le ,1984; death is aaid
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 1, 20.0-m.
62 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onet
Industry or business in which work was done, as SILK MILL, formulary	
10. Dato deceased last worked at this occupation (month end 1934 spant in this 40 yr.	
12. BIRTHPLACE (chyor town) Wash (State or country) Wolo'	Other Coutributory Causes of Importance:
I 13. NAME John T Spring mann	
14. BIRTHPLACE (city or town) Wash	Name of operation Date of
(State of County))	What test confirmed diagnosis? Nove Wes there an autopsy? 30
15. MAIDEN NAME Fuenda Edds	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Fueinda Edds  16. BIRTHPLACE (city or town) alexandria  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Stevera String mann (Address) 506 Waren che Pl. new	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wash, Allo, Date Nov 8, 1934	Manner of injury
19. UNDERTAKER STATE TO THE CANADA STATE TWO STATES	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/1/8 , 1934 BC Perry, MD. Registrat.	(Signed) la Montgomery M. D. (Address) Le 23-6 27 SUF Wash D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	1	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	A near	1921	Run over by street car	1 week ago
Cerebral hemorrhage	4 100	July 5, 1927	Peritonitis	3 days ago
1	Will Commence			
		s // - //		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Fin out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
628 1 1 1 2 2 4 4 1 4 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. H UNFADING INK--THIS IS A PERMANENT RECORD WRITE PLAINLY,

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Moutgomery.	CERTIFICATE OF DEATH
	Registration Dist, No. 2/3
Village or City Kockville (No. Mo 2FULL NAME Henry Maurice T	utgomery ave. Ward)  (If death occurred in a hospital or institution, give its NAME instend of street and number.)
2FULL NAME SHOWLY MANNEE S	au v-u number,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Stricts Wildowed (Write the word)	16 DATE OF DEATH November 3 st., 1934 20 (Month) (Day) (Year) 3/4
6 DATE OF BIRTH  amay 22 mg, 185/ (Month) (Day) (Year)	that I last saw home alive on
7 AGE  83 yrs. 9 mos. 12 ds. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Stonech Carenona
(b) General nature of industry business, or establishment in	(Duration) 2 yrs. mos ds.
which employed or (employer)	Olan de Clare Do andil
9 BIRTHPLACE (State or country) Shepardstown V. Va.	Contributory Secondary Duration) yrs
10 NAME OF JENRY Benson Talbott	(Signed) (Address) Rockforth 21
of Father (State or country) Montgomery Cly. Me	*State the Disease Csusing Death, or, in deaths from
of MOTHER Maria Highe	10 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathmosds. In the Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Helew Jallott Welsh	Former or usual residence
(Address) Rockille, md,	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL Rockville and Nov. 5, 19 34
15 Filed //- # 1984 Mrs. W.J. Pall Registrai	alums C. Speare Washington D.C.
If more b.anks are needed, addre.s Ltate Negistra	r, 18 W. Saratoga St., Balto., Lequesting V. S. Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroslinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,")



(secondary or intercurrent) affection need not be strted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is lcss definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village or City ND. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. ds Length of rasidance in city or town where death occurred If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3/3EX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIWORCED (write the word) (Day) . If marriad, widowed, or divorcad HUSBAND of I HEREBY CERTIFY. That I attanded decaesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Davs If LESS than to have occurred on the data stated above, at I day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. ware as follows: Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.--back 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. no 10. Data dacaasad last worked at 11. Total time (years) this occupation (month and spent in this occupation .... vear) \_\_\_\_\_ instructions 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME Nama of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? OTHER important. 15. MAIDEN NAME 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMOVA Mannar of injury CAUSE mation Natura of injury\_\_\_\_ LION 24. Was disaasa or injury in any way related to occupation of daceased? 19 UNDERTAKER If so, specify (Signad) (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsat	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
at the service			
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIFIC	ATF	OF	DEA	TH
JIAIL		MIVILL	מוות	CLITILIO			DLI	7 I I I

114:6

1. PLACE OF DEATH	<b>3</b>
County montgomery	Registration Dist, No. 2//
Village or City Mr. Clarksburg In	rd No. St. V
(T Still	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrsds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Jobbie Lynnis	Litus
(a) Residence: No. 217 Colarlesburg	M, St., Ward.
(Usual place of she PERSONAL AND STATISTICAL PARTICU	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED	
OR DIVORCED (w)	
5a. If married, widowed, or divorced	(Month) (Day) (Year
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased
-7	hov. 24 1934 to hov. 24 193
6. DATE OF BIRTH (month, day, and year) Nov. 24,	1934 I last saw him alwa on Nov. 74 1934; death is
	to have occurred on the date stated above, at
	rmin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Stell Forn - Came un-
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which	known to me-
work was done, as SILK MILL, SAW MILL, BANK, etc.	***************************************
0 10. Date deceased last worked at 11. Total time (	(years)
O this occupation (month and spant in occupation occupation	07
12. BIRTHPLACE (city or town) Mr. Clarks fur	Diher Contributory Causes of importance:
(State or country) MA	7
13. NAME Roy Francis Titus	
14. BIRTHPLACE (city or town) 1/2. I williamle	Name of operation Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Helen ann Belen	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) hr. Barycoille	Accident, suicide, or homicide? Data of Injury, 19
X (State or country) MA	Where did injury occur?
17, INFORMANT Koy Francis Lt.	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Clarkoburg m	<u> </u>
18. BURIAL, CREMATION OF REPORTED Central	Manner of injury
Place touckspille ba Date nov 2	restate of injuly
19. UNDERTAKER / & Durdetta Ho.	24. Was disease or Injury in any way related to occupation of deceased? Mo
(Address) Agaltolow The	If so, specify . A
20. FILED Nov- 24, 1934 William & Le	ceres (Signed) Leage M. Doyer
Local	, Registrar. (Address) & amazegea, Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		1	Example II	
The principal eause of death and related of importance were as follows:	causes Date of	onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	19	15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	19.	21	Run over by street car	1 week ago
Cerebral hemorrhage	July 5	,1927	Peritonitis	3 days ago
BUGGA	1 V 1			
Other contributory eauses of importance:			Other contributory causes of importance:	
Gallstones	May 1	1,1923	Gastroenteritis	1 year
				1

V. S. No. 1 B ż of OCCUPA-

STATE	OF	MARVI	AND-	CERTIFIC	CATE	OF	DEAT	Н
SIAIL	UL	WARTL	AIVU-	CERTIFI	CAIL	OF	DEAL	п

4.0

1. PLACE OF DEATH	
County Moulgonery	Registration Dist, No. 223
Village or City Dakoma Vark	No. 9 Sycamore are St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
0 1 11	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mas Trauve O Van	vaye-
(a) Residence: No. 9 dy Camore are - (Usual place of abode)	St., Ward D Arthur Ward State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 100 21 11 1934
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	I HEREBY CERTIFY, That I all middled deceased from
Resert 19st 19 STAT	10 10 10 19 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw have alive on 40.5m, 15 death is said
1. AGE Tears Months Days IT LESS than	to have occurred on the date stated above, atm.  The PRESIDENT CAUSE OF DEATH and related causes of importance
9. Trade profession or particular	were stallows: Date of onset
8. Trade, profession, or particular / kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Color Mer 1970 Cante
Industry or business in which	1000
work was done, as SILK MILL, SAW MILL, BANK, etc	
year)occupation	Oper Courributory Causes of importance:
12. BIRTHPLACE (city or town) Mengan	Chronic Minchymotons
(State or country) (State or country)	lephulo 1
14. BIRTHPLACE (city or town) Selles Ny	After 4 years
14. BIRTHPLACE (city or town) Described 179	Neme of operation
(State of country)	What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eliza Cole	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Vomal Mach!	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT D. D. STEWNER OF A-OD	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 9 Sycamore We, Jak, JK	
Place Wash DC Date Nov 23 1934	Manner of injury
1.1 8011 140	Nature of injury
18. UNDERTAKER OM O. Which Company of the Company o	
(Address) 1337-10 hw. Washing tim	If so, specify (Signes) William J. The M. D.
20. FILED ZUKU 71 , 1997 A Z A G PER Registrar.	(Address) 2009 Est as with DC
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	MRGIN	ARGIN RESERVED FOR BINDING	FOR B	INDING	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	TH UNFADIR	NG INK-THIS	S IS A PE	RMANENT	RECORD
mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	ly supplied.	AGE should be	stated E	XACTLY	PHYS.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	lain terms, so	that it may be	properly	classified.	Exact sta
TION is very important. See instructions on back of certificate.	See instructi	ons on back of	certificate		

. Every item of infor-

should state

ICIANS

tement of OCCUPA-

1. PLACE OF DEATH		-CERTIFICATE OF DEATH  92-00  Registration Dist. No.	114.8
Length of residence in city or town where deat	hurg-kd-(		Ward and number)
2. FULL NAME James IX  (a) Residence: No. AL Jaither	Walker (Usual place of abode)	Ust, Lendward.  If nonresident give city or town	and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 20	, 193_34
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ns Welker	22. I HEREBY CERTIFY. That I atter	
6. DATE OF BIRTH (month, day, and year)	aryland Noy 24	Plast saw house alive on Nov 19 19	
7. AGE Years Months	Oays I If LESS than	to have occurred on the date stated above, at 4-30m, Am	, , , , , , , , , , , , , , , , , , , ,
I852 8I II	26 1 day,hrs ormin.		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Resulted SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, otc  10. Oate deceased last worked at this occupation (month and	tired Farmer,	Cerebral embolism	//~/2-3 5
10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupationti	Other Contributory Causes of importance:	••••
12. BIRTHPLACE (city or town) Marylan (State or country)	d	Chris indocardition	1929
13. NAME Nathan J W.	slker		
13. NAME Nathan J 14. BIRTHPLACE (city or town)	and	Name of operation Date	
L 15. MAIOEN NAME		What test confirmed diagnosis?	
	Ring Land	23. If death was due to external causes (VIOL ENCE) fill in also the followatch accident, suicide, or homicide? Oate of Injury Where did injury occur?	, 19
17. INFORMANT (Address)	orlication and	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL TS Place faithers burg	burg Md Date Nov 22, <sub>19</sub> 34	Manner of injury	
19. UNOERTAKER PROST G G (Address) Geithers 20. FILEO NON-21, 1934 Closes	las of Gooks	24. Was disease or Injury in any way related to occupation of deceased  If so, specify  (Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
UEU 15 10 A			
Price-vii	- 11		
Other contributory causes of importance:	11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

	E.
6	RECORD. EV
BINDING	X A C T L Y
	PEI.
FOR	A
F	IS

properly classified. UNFADING INK-THIS IS A PER stated EX See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

ARGIN RESERVED

-WRITE PLAINLY, WITH

County 1 longomery	Registration Dist. No. 217
Village or City Olisten Ford -	Not he monte Co Seul Hospital Ward
Length of residance in city or town where death occurred	death occurred in a hospital or justitution, give its NAME instead of recet and number)
7/- 22	A startion long in U.S. If of foreign birth? As. Mass. ds.
2. FULL NAME William K. Wary	reld avoid to
(a) Residence: No. Glenwood, MdV	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	21. DATE OF DEATH  November 2 2 , 193 4 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
0-1.0 ~ 10311	November 22, 1934, 10 November 22, 1954
6. DATE OF BIRTH (month, day, end yeer) October 7, 1934  7. AGE Yaars Months Days If LESS than	I last saw here elive on November 22, 1934; daath is seid
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at ### SOFPm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Testes Enteretes 1412/34
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decaesed lest worked at this occupation (month and	
10. Date decaesed lest worked at this occupation (month and year)	
Q D a D d	Other Contributory Causes of Importence;
12. BIRTHPLACE (city or town) Valuety, Advance.  (Steta or country)	Immution fever 1/18/3.
13. NAME John O. Warfield	
14. BIRTHPLACE (city or town) Glevell	Neme of operation. North Date of
(Stata or country) 877 d	What test confirmed diagnosis & Xaironation Was there en autopsy? 100
15. MAIDEN NAME Louise Hoffman	
E	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)   Dallewore (State or country)	Accidant, suicida, or homicide?
17. INFORMANT Drospital Reend.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass)  18. BURIAL, CREMATION, OR, REMOVAL A	
Place of Marko My hhaus Date Nov 24, 1904	Menner of injury
19. UNDERTAKER J.C. Hig unbolhsuy	24. Was disaese or injury in eny wey ralated to occupation of decessed? Za
(Addrass) Elleght City Md,	If so, specify
20. FILED Nov. 23, 1934 C. S. Barnsley.	(Signad) Chaste Sumbleson M. D.
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	// 10 18 75	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S. Dr. VI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97
County Mintgomery Past C	Africal Registration Dist. No. 223
Village or City selects of (1)	No. Carrell a. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 12 yrsmos	sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Harry Eleven	d Wrikener
(a) Residence: No. Carrullo au Patrillo	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Mary 14. Weekesser	may 2, 1934, to nov. 13, 1934
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year)	I last saw him alive on how 11 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. 41-m.
6 9 - 14 1 day,hrs.	the take the CAOSE OF DEATH and related causes of importance
8 Trade profession or particular	Orterio - selevinio Date of onset
kind of work done, as SPINNER, Retrieved	Indep
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occuration (month and separation this series)	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
- this occupation (month and and spont in this	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
II 13. NAME not altamolile.	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy? he
15. MAIDEN NAME Mun geter	23. If death was due to external causes (VIOLENCE) fill in also the following:
<u> </u>	Accidant, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
17. INFORMANT hurs . J. H. Sheinich	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 210 April 18. BURIAL, CREMATION, OR REMOVAL	Manage of Jalian
place for allaure Date Mov 16, 19,34	Manner of Injury
Le He	That is a second of the second
19. UNDERTAKER CHUMBUS COMMON (Address) 3615-17 Cheelout Une	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Mer- 13, 1984 Atto Rogers Registrar.	(Signed) (S J LECH M. D. (Address) 69'11' 5'th ski hw.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Work. De

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Stille and g	3 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u></u>		

OCCUPATION

MOTHER FATHER

20.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11482
County Mont of brueful Village or City Bethesda 1875	Registration Dist. No. 2 / C  No. 7 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos.  2. FULL NAME  (a) Residence: No. 7 Rocko (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Rovember 18 1934
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY SERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ror 16, 1934	1 lest sew h alive on Nor 18 9 , 1934; death is said
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and	Premature Brith
10. Data decased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Becker of (State or country)	Other Contributory Causes of Importance:
13. NAME Rodiey White  14. BIRTHPLACE (city or town) near Bechesda  (State or country)	Nama of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Crawford  16. BIRTHPLACE (city or town) hear Dechtspla (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Nothing Wiele Mills (Address) R. F. D. C. Bethes Ra Mills	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Betterly not 254, 1934	Menner of injury
19. UNDERTAKER Jauben Gunghrey, and Caddress) Rockville, and	24. Was disease or Injury In any way related to occupation of deceesed?
20. FILED 11/19 , 1934 BC. Gerry M. D. Registrar.	(Signed) (Setherda, M.D. (Address) (Betherda, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and ewn home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A SUCE ALL V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

for an	ADDITIONAL SPACE FOR FUR'	THER STATEMENTS BY PHYSICIAN	
		0	

should state of OCCUPA.

item of infor-

1. PLACE OF DEATH	98-0	
County Montgomery	Registration Dist. No. 223	
Village or City Takomt Park	No. 8 Columbia avest	Ward
()(	death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
		ds.
2. FULL NAME Mr. Claude Wilcox	000,400	
(a) Residence: No. Clifton Virginia (Usyliplace of abode)	St., Ward. Cleffon Va.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November /3	193. <b>4</b> (Yeer)
5a. If married, widowed, or divorced	(Month) (Day)	(Yeer)
(or) WIFE of Mrs. Ellen a. Wilcox	22. I HEREBY CERTIFY. That I ettended do	eceased from
6. DATE OF BIRTH (month, dey, end year) . Quit 27, 1871.	I last saw h sin alive on Nov. 11 1934.	,
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1	
63 - 17 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8 Trede, profession, or particular kind of work done, as SPINNER. Sales		Oate ot onset
SAWYER, BOOKKEEPER, etc.		1932
Kind of work done, as SPINNER. Salvana SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oete deceased last worked at this occupation (month and Mark of the salvana star of the salva	Chronic Mysearchite;	ang 15
10. Oete deceased last worked at this occupation (month and 1//11/3 y		
year) occupetion occupetion	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Marshalltonn (State or country) Owa.	Other Community Cases of Importance.	
13. NAME		
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Proce Date of	
(State or country)	What test confirmed diagnosis? Climical Symples there an au	topsy? No
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)   (Stete or country)	Accident, suicide, or homicide? Oate of injury	, 19
1 (State of Country)	Where did injury occur? (Specify city or town, county and State)	)
17. INFORMANT / Coger a. Wilcox (Address) & Columbia aux Tahonny M.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR AMOVAL	Manner of Injury	
Placella May Date 100.13 , 1934	Neture of injury	
19. UNDERTAKER Select By Maries (Address) 924-50 4 Care N. W.	24. Was disease or injury in any way related to occupation of deceased?	10
20. FILED New 18, 1934 At Bagers. Registrar.	(Signed) Darrett (Address) Washington Suntinui	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Takana	Hard beg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Q34130		3.4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8. No. 1.

0

ż

TLY PHYSICIANS Exact statement of

	if death eccurred to espitel or institution, its NAME instead
give	treet and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT	тн
**SEX. **COLOR OR HACE   5 SINGLE   MARRIED, SINGLE   WIDOWED   SINGLE   White   White the word   SINGLE   SING	, 191 Day) (Year)
(Month) (Day) (Year) that I last saw h alive on and that death occurred on the date stated about 1 day, hrs. or min.?	, 191 ,
B OCCUPATION (a) Trade, prefession, or particular kind of work  (b) General nature of industry auxiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Which are country)  Which are country to the country of the	mes. ds.
10 NAME OF FATHER WILLIAM WINCHESS SINGLE (Address) Barnesvi.  11 BIRTHPLACE OF FATHER (State or country) Mary Land Causes, state (I) MEANS OF INJURY: and (2) wheth Suicidal or Homicidal.	a fram Vinner
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE  (Informant)  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE ON RECENT RESIDENCE)  At place of death yrs. mos. ds. State, yrs.  Where was disease contracted.  If not at place of death?  Formar or your residence	
	1824 1824 Market

5 5 A D.A

Approved by U.S. Ceasus and American Public Health Association

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not painfully the duties of the household only (not paid Housekeepers precise specification as Day laborer Form laborer, Laborer mobile factory The material mill; (a) Salesman. (b) truerry. (a) Farman. only when needed. As examples (a) Symmer, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cares, applies to each and every person, irrespective of age. Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as House "Foreman," "Manager," "Decler. know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Former or Punter, Physi--f'out mine, etc. Statement of Occupation -- Precise statement of occupathe second statement many occupations a single word Compositor, Architect, very important, so that the relative healthfulvarious pursuits can be known. For persons who have no occupation whatever If the occupation has been changed Women at home who are chraged in At home Care should be Nover return Locomotive .. race on may form part 19.00 engineer, (wil If retired from without more The question "Laborer." (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Leber pro-ausa Bronchopneumonia ("Pneumonia," neumanified, a neitherina); Tuberculosis of lungs, menin-

mius, "PUERPERAL perionitis." etc., when a definite disease can be ascertained as the lapse, "Conta," "Convulsions," "Disposy," genital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. Never on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Comributory" and consequences head-homicide. to determine definitely SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent beatis cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Anaemia" (merely symptomatic). symptoms or terminal conditions, such as "Asthenia." Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important nephrelis, etc. cough; Chronic "Turner" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" ges, peritonarum, etc., Carcinoma, Sarcoma, etc., of. or miscarriage as "Old Age," "Shock," "Uracmia," "Weakness, by rainray trans-accident Revolver wound of The nature of the injury, as fracture of skull The contributory (secondary or intercurvolvular heart disease, Chronic interstitud Poisoned by carbone (e. g., sepsis, letarus) may be "Convulsions," "Debility" Examples is less definite; avoid use of etc. State cause for which "PURRPERAL septechermia." "hanition," "Maras-Accidental drowning "Atrophy," Recommendations and probably "Exhaustion." report mere ACCIDENTAL, ("()011-

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the cordificate is permanently filed

DEC 5 m.

1. 1

2.

3. SEX

5e. If n

6. DAT 7. AGE

OCCUPATION

10

12. BIR

FATHER

MOTHER

19. UNDERTAKER

(Address)

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11485
PLACE OF DEATH	
Village or City Olivey, Mary land	Registration Dist. No. 217 Nohe mouty. Co. Heil Not puts Ward
Length of residenca in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign blith?
FULL NAME Ougene Carroll We	ratt.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)  1. SINGLE, WIDOWED, OR DIVORCED CARRIED, WIDOWED, WIDOWED, OR DIVORCED CARRIED, WIDOWED, WIDOW	21. DATE OF DEATH  Movember  (Month)  (Day)  193 4  (Year)  22. I HEREBY CERTIFY, That I attended deceased from Movember 6, 1934, to Movember 7, 1934  I last saw have alive on 1934; death is seid
Years Months Oays If LESS then 1 day, L. L. hrs.	to have occurred on the data stated above, et 6.15A,m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. fndustry or business in which work was dona, as SILK MILL.	Date of onset
SAW MILL, BANK, etc  Data deceased last worked at this occupation (month and yaer)	
THPLACE (city or town) Olssey, (State or country) Monty Co, maryland	Other Contributory Canses of importence:

13. NAME Nema of oparetion nous 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis?.

15. MAIDEN NAME 23. If deeth was due to external causas (VIOL ENCE) fill in elso tha following:

16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

17. INFORMANT (Address) 18-BURIAL CREMATION OR REMOVAL

> 24. Was diseese or Injury In any way releted to occupetion of deceased? If so, specify

(Signed) Registra

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Regulating V. S. No. 1.

Manner of injury

Nature of Injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECSIL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 III	July 5, 1927	Peritonilis	3 days ago
	BELDE, AND			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year